

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042189

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 716

Primary Registration District No. 3020

Registrar's No. 245

FILED DEC 10 1962

1. PLACE OF DEATH a. COUNTY FRANKLIN b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN c. CITY OR TOWN UNION d. STREET ADDRESS (If outside, give location) 108 N. OAK STREET	
3. NAME OF DECEASED (Type or print) First RALPH Middle EDWARD Last SUDHOLT		4. DATE OF DEATH Month DECEMBER Day 6 Year 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/16/1910
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AUTO SALES & INSURANCE		9. AGE (last birthday) 51	
13a. FATHER'S NAME GEORGE SUDHOLT		11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13b. MOTHER'S MAIDEN NAME ANNA WIERHAK		14. NAME OF HUSBAND OR WIFE IRENE SUDHOLT	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Coronary Thrombosis DUE TO (b) Coronary Thrombosis DUE TO (c) Coronary Thrombosis		17. INFORMANT IRENE SUDHOLT Address 108 N. OAK ST. UNION, MISSOURI	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 12:15 a.m. p.m. Month, Day, Year 12/8/62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION UNION COUNTY FRANKLIN STATE MISSOURI	
21. I attended the deceased from 12/8/62 to 12/8/62 and last saw her alive on 12/8/62 Death occurred at 9:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr. J. H. Stumpe		22b. ADDRESS Union Mo.	
22c. DATE SIGNED 12/8/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12/8/1962	23c. NAME OF CEMETERY OR CREMATORY UNION CEMETERY	23d. LOCATION (City, town, or county) (State) UNION MISSOURI
24. FUNERAL DIRECTOR OLTMANN FUNERAL HOME		25. DATE RECD. BY LOCAL REG. 12/8/62	
26. REGISTRAR'S SIGNATURE Leola C. Hudman			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

2365

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DEC 21 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ralph Altman

Licensed Embalmer No. 4808

P. O. Address Union, N.J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.